

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **BRM0002**

First Inventor or Application Identifier **Donald L. Glick**

Title **See 1 in Addendum**

Express Mail Label No. **EL 415 382 253 US**

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages **27**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **59**]
4. Oath or Declaration [Total Pages **5**]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ * Small Entity Statement(s) ☐ Statement filed in prior application
(PTO/SB/09-12) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other: _____

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____ / _____

Prior application information: Examiner _____ Group / Art Unit _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Kevin R. Erdman				
	Baker & Daniels				
Address	Suite 2700				
	300 N. Meridian Street				
City	Indianapolis,	State	IN	Zip Code	46204
Country		Telephone	317-569-4621	Fax	317-569-4800

Name (Print/Type)	Kevin R. Erdman	Registration No. (Attorney/Agent)	33,687
Signature	<i>K.R. Erdman</i>	Date	31 Oct 00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

[illegible]

- 10/31/00

FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)
710.00

Complete if Known

Application Number
Filing Date
First Named Inventor Donald L. Glick
Examiner Name
Group / Art Unit
Attorney Docket No. BRM0002

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number

Deposit Account Name Baker & Daniels

- ☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 690	201 345	Utility filing fee	710.00
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)
710.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
12	-20** = 0	18	0
3	-3** =	78	
Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)
0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 380	216 190	Extension for reply within second month	0.00
117 870	217 435	Extension for reply within third month	0.00
118 1,360	218 680	Extension for reply within fourth month	0.00
128 1,850	228 925	Extension for reply within fifth month	0.00
119 300	219 150	Notice of Appeal	0.00
120 300	220 150	Filing a brief in support of an appeal	0.00
121 260	221 130	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,210	241 605	Petition to revive - unintentional	0.00
142 1,210	242 605	Utility issue fee (or reissue)	0.00
143 430	243 215	Design issue fee	0.00
144 580	244 290	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Petitions related to provisional applications	0.00
126 240	126 240	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify)			0.00
Other fee (specify)			0.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
0.00

SUBMITTED BY

Name (Print/Type) Kevin R. Erdman

Signature

Registration No. (Attorney/Agent)

33,687

Complete (if applicable)

Telephone 317-569-4621

Date 31 Oct 2000

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Inventors: Donald L. Glick
Daryl G. Pannabecker
Tammy E. Shepherd
Michael J. Allison
Hugh W. White

MINISTRY SPECIALIZED INSURANCE TRANSACTION
OBJECT ORIENTED SYSTEM AND METHOD

BACKGROUND OF THE INVENTION

1. Field of the Invention.

The invention relates to quoting, proposing, and contracting insurance policies for property and casualty coverages. More specifically, the field of the invention is that of a network based quoting and contracting system providing such coverages for ministries and church type organizations.

2. Description of the Related Art.

Insurance companies offer insurance policies for covering potential liabilities or damages relating to property and casualty events. Such insurance companies either operate through agents who act on behalf of customers to obtain policies, or interact directly with customers in issuing policies. For companies that market their products through agents, the agents are either dedicated employees or independent agency organizations, and they interact with potential purchasers of the insurance policies. Typically, an insurance agent elicits information from the potential purchaser and sends that quote information to the insurance company for a quote. The quote information is less than the total amount of information needed to underwrite the policy, but includes sufficient information to calculate a commercially reasonable estimate of the final policy cost. The insurance company uses

the quote information to calculate the likely cost or range of costs for the policy, and provides that information to agent to convey to the potential purchaser.

Once the potential purchaser decides to continue the insurance application process, the agent then needs to obtain further information to complete an insurance application and submit it to the insurance company. The insurance company applies its policy rate calculations to all the information obtained from the potential customer and prepares a final insurance policy document. This document may include one or more blanks for pieces of information unrelated to the rate calculation but needed to create the insurance contract with the potential purchaser. Only after completing the final insurance policy document and obtaining the necessary signatures does the policy come into effect. For companies that market insurance directly to the customer, information needed to issue the policy is obtained directly from the potential customer. A quote containing the insurance cost is conveyed directly back to the customer without the involvement of any agent or other intermediary.

This process of quoting and completing the insurance policy is well known in the insurance industry, and involves several potentially cumbersome steps of data entry, communication, and calculation. Each of these steps may be subject to interruption or delay, and each may or may not be tailored to specific insurance needs. One general insurance need is that of property and casualty insurance, which protects an organization from random damages and potential legal liability for casualty losses to other parties. In order for an insurance company to properly assess a potential purchaser, many pieces of information relating to the property and potential liabilities of the organization need to be collected and analyzed. Further, for certain types of potential purchasers, the special

situations of those potential purchasers need to be accounted for in the quoting and rate calculation process.

One example of a special situation is that of ministries and similar organizations. Typically, churches and other religiously affiliated institutions have physical properties and a wide variety of activities, and thus have many potential areas where the risk of liability is significant. In order to assess those risks, more particular types of information need to be gathered. Additionally, the potential purchasers may have several liability concerns which require very specific insurance coverage. Churches and other religiously affiliated institutions require specialized coverages to efficiently address the ministry-focused nature of these entities. Such coverages include, but are not limited to, the following: membership emotional injury, student emotional injury, clergy ordination/placement, sexual acts, counseling acts, religious communication, religious activity, discriminatory acts, Christian school and college coverages, Christian camp coverages, church transportation, foreign mission operations, as well as other ministry-specific coverages. In addition to these ministry-specific coverages, standard property, liability, automobile, and workers' compensation coverage are also provided.

The conventional process of gathering data and calculating quotes and rates is even more cumbersome for special situations than with a more typical business insurance policy. Further, because much of this data gathering for ministry-related insurance policies requires such non-standard information, conventional processes may not fully support the type of inquiries needed.

SUMMARY OF THE INVENTION

The present invention is a religious institution insurance transaction system and method which allows for quoting, rate determination, and policy creation by an automated series of data gathering which may be accomplished over a computer network. The system utilizes a series of predetermined initial inquiries about the desired ministry insurance, and based on responses to those initial inquiries generates additional inquiries to complete the data needed to assess a ministry insurance situation.

The present invention, in one form, relates to a method for developing a quote for an insurance policy. The agent or potential customer using the system provides information about the scope of ministry operations, premises and property owned and liability limits sought, the types of specific coverage desired, and other rating and underwriting information. This information is gathered and transmitted to the central office where a rating process is used to develop a rate, constituting an accumulation factor based on the quote data. The quote can be derived from newly entered information or an existing policy can be used as a template; or alternatively, information can be taken from another draft quote. Quotes once entered are available for review and/or editing remotely by the agent, or locally by home office personnel.

The present invention, in another form, is a method for creating a policy application from a quote. Upon the agent's or potential customer's designation, data associated with a quote is extracted and used for building an application. The application is tailored (fields are pre-filled) based upon the quote information. Following processing, the policy and premium billing will be issued.

Further aspects of the present invention involve printing quotes and applications in the agent's office and the development of insurance proposals for presentation to potential customers. These proposals can incorporate a reference or link to information describing in detail the insurance coverages listed in the proposal.

Another aspect of the invention relates to a machine-readable program storage device for storing encoded instructions for a method of quoting, rating, and saving quote information for ministry-related insurance transactions through a web based interface according to the foregoing method.

The invention further incorporates an automated underwriting process in which a set of specific questions are asked of the agent or potential ministry customer, and, based on the response to these questions, a policy can be rated and issued to the ministry without the need for human intervention.

Other advantages of the invention include decreased home office data entry, increased accuracy due to less redundant data entry, increased speed of delivery of information due to the elimination of mail service from the process, and increased efficiency.

BRIEF DESCRIPTION OF THE DRAWINGS

The above mentioned and other features and objects of this invention, and the manner of attaining them, will become more apparent and the invention itself will be better understood by reference to the following description of an embodiment of the invention taken in conjunction with the accompanying drawings, wherein:

Figure 1 is a process flow of one embodiment of the method of the present invention.

Figure 2A is a screen display of the Brotherhood Mutual home page.

Figure 2B is a screen display of the Brotherhood Mutual login page.

Figure 2C is a screen display of the Brotherhood Mutual Agent Access system welcome page.

Figure 3A is a screen display of Account Center list screen.

Figure 3B is a screen display showing the detail of an account.

Figures 4A-4L are screen displays showing the data associated with a quote.

Figures 5A-5E depict the screen displays showing the detail of a rated quote.

Figures 6A-6C depict screen displays associated with the General Information relating to a policy application.

Figures 6D-6E depict screen displays showing an example of a new entry for a coverage category having no previous information in a policy application.

Figures 6F-6I depict screen displays associated with the Insurance History coverage category in a policy application.

Figures 6J depict screen displays associated with the Property Coverages coverage category in a policy application.

Figures 7A-7G depict screen displays associated with the Building and Coverages coverage category showing its sub-categories in a policy application.

Figures 8A-8C depict screen displays associated with the Inland Marine coverage category in a policy application.

Figures 9A-9B depict screen displays associated with a coverage category, in this case, Liability Coverages, needing additional information in a policy application.

Figures 10A-10C depict screen displays associated with the Clergy Coverages coverage category in a policy application.

Figure 11 depict screen displays showing a second example of a new entry for a coverage category having no previous information in a policy application.

Figures 12A-12C depict screen displays associated with the supplementary information for the Church Profile category in a policy application.

Figures 12D-12H depict screen displays associated with the supplementary information for the Liability Risk category in a policy application.

Figure 13 is a screen display listing the actions available to the agent at the policy application stage of the process of the current invention.

Corresponding reference characters indicate corresponding parts throughout the several views. Although the drawings represent embodiments of the present invention, the drawings are not necessarily to scale and certain features may be exaggerated in order to better illustrate and explain the present invention. The exemplification set out herein illustrates an embodiment of the invention, in one form, and such exemplifications are not to be construed as limiting the scope of the invention in any manner.

DESCRIPTION OF THE PRESENT INVENTION

The embodiment disclosed below is not intended to be exhaustive or limit the invention to the precise form disclosed in the following detailed description. Rather, the embodiment is chosen and described so that others skilled in the art may utilize its teachings.

The detailed descriptions which follow are presented in part in terms of algorithms and symbolic representations of operations on data bits within a computer memory

representing alphanumeric characters or other information. These descriptions and representations are the means used by those skilled in the art of data processing arts to most effectively convey the substance of their work to others skilled in the art.

An algorithm is here, and generally, conceived to be a self-consistent sequence of steps leading to a desired result. These steps are those requiring physical manipulations of physical quantities. Usually, though not necessarily, these quantities take the form of electrical or magnetic signals capable of being stored, transferred, combined, compared, and otherwise manipulated. It proves convenient at times, principally for reasons of common usage, to refer to these signals as bits, values, symbols, characters, display data, terms, numbers, or the like. It should be borne in mind, however, that all of these and similar terms are to be associated with the appropriate physical quantities and are merely used here as convenient labels applied to these quantities.

Some algorithms may use data structures for both inputting information and producing the desired result. Data structures greatly facilitate data management by data processing systems, and are not accessible except through sophisticated software systems. Data structures are not the information content of a memory, rather they represent specific electronic structural elements which impart a physical organization on the information stored in memory. More than mere abstraction, the data structures are specific electrical or magnetic structural elements in memory which simultaneously represent complex data accurately and provide increased efficiency in computer operation.

Further, the manipulations performed are often referred to in terms, such as comparing or adding, commonly associated with mental operations performed by a human operator. No such capability of a human operator is necessary, or desirable in most cases, in

any of the operations described herein which form part of the present invention; the operations are machine operations. Useful machines for performing the operations of the present invention include general purpose digital computers or other similar devices. In all cases the distinction between the method operations in operating a computer and the method of computation itself should be recognized. The present invention relates to a method and apparatus for operating a computer in processing electrical or other (e.g., mechanical, chemical) physical signals to generate other desired physical signals.

The present invention also relates to an apparatus for performing these operations. This apparatus may be specifically constructed for the required purposes or it may comprise a general purpose computer as selectively activated or reconfigured by a computer program stored in the computer. The algorithms presented herein are not inherently related to any particular computer or other apparatus. In particular, various general purpose machines may be used with programs written in accordance with the teachings herein, or it may prove more convenient to construct more specialized apparatus to perform the required method steps. The required structure for a variety of these machines will appear from the description below.

The present invention deals with "object-oriented" software, and particularly with an "object-oriented" operating system. The "object-oriented" software is organized into "objects", each comprising a block of computer instructions describing various procedures ("methods") to be performed in response to "messages" sent to the object or "events" which occur with the object. Such operations include, for example, the manipulation of variables, the activation of an object by an external event, and the transmission of one or more messages to other objects.

Messages are sent and received between objects having certain functions and knowledge to carry out processes. Messages are generated in response to user instructions, for example, by a user activating an icon with a "mouse" pointer generating an event. Also, messages may be generated by an object in response to the receipt of a message. When one of the objects receives a message, the object carries out an operation (a message procedure) corresponding to the message and, if necessary, returns a result of the operation. Each object has a region where internal states (instance variables) of the object itself are stored and where the other objects are not allowed to access. One feature of the object-oriented system is inheritance. For example, an object for drawing a "circle" on a display may inherit functions and knowledge from another object for drawing a "shape" on a display.

A programmer "programs" in an object-oriented programming language by writing individual blocks of code each of which creates an object by defining its methods. A collection of such objects adapted to communicate with one another by means of messages comprises an object-oriented program. Object-oriented computer programming facilitates the modeling of interactive systems in that each component of the system can be modeled with an object, the behavior of each component being simulated by the methods of its corresponding object, and the interactions between components being simulated by messages transmitted between objects.

An operator may stimulate a collection of interrelated objects comprising an object-oriented program by sending a message to one of the objects. The receipt of the message may cause the object to respond by carrying out predetermined functions which may include sending additional messages to one or more other objects. The other objects may in turn carry out additional functions in response to the messages they receive,

display. The terms "network", "local area network", "LAN", "wide area network", or "WAN" mean two or more computers which are connected in such a manner that messages may be transmitted between the computers. In such computer networks, typically one or more computers operate as a "server", a computer with large storage devices such as hard disk drives and communication hardware to operate peripheral devices such as printers or modems. Other computers, termed "workstations", provide a user interface so that users of computer networks can access the network resources, such as shared data files, common peripheral devices, and inter-workstation communication. Users activate computer programs or network resources to create "processes" which include both the general operation of the computer program along with specific operating characteristics determined by input variables and its environment.

The term "Browser" refers to a program which is not necessarily apparent to the user, but which is responsible for transmitting messages between the workstation and the network server and for displaying and interacting with the network user. Browsers are designed to utilize a communications protocol for transmission of text and graphic information over a world wide network of computers, namely the "World Wide Web" or simply the "Web". Examples of Browsers compatible with the present invention include the Navigator program sold by Netscape Corporation and the Internet Explorer sold by Microsoft Corporation (Navigator and Internet Explorer are trademarks of their respective owners). Although the following description details such operations in terms of a graphic user interface of a Browser, the present invention may be practiced with text based interfaces, or even with voice or visually activated interfaces, that have many of the functions of a graphic based Browser.

Browsers display information which is formatted in a Standard Generalized Markup Language ("SGML") or a HyperText Markup Language ("HTML"), both being scripting languages which embed non-visual codes in a text document through the use of special ASCII text codes. Files in these formats may be easily transmitted across computer networks, including global information networks like the Internet, and allow the Browsers to display text, images, and play audio and video recordings. The Web utilizes these data file formats in conjunction with its communication protocol to transmit such information between servers and workstations. Browsers may also be programmed to display information provided in an eXtensible Markup Language ("XML") file, with XML files being capable of use with several Document Type Definitions ("DTD") and thus more general in nature than SGML or HTML. The XML file may be analogized to an object, as the data and the stylesheet formatting are separately contained (formatting may be thought of as methods of displaying information, thus an XML file has data and an associated method).

One version of the present invention will be described with reference to the process flow depicted in **Figure 1**. Each step in the process flow represents a sub element of the overall business method of the present invention. The diagram generally represents the necessary events, communications and information transfers necessary to accomplish the subject business method. Some events are customarily performed at the agent's site while others are performed at the insurance company's site. However, in general, no significance should be attributed the physical location of a particular event. Similarly, actions designated as being performed by an agent may also generally be performed by a customer or potential customer. Any item strictly limited to an agent will be so designated in this discussion.

The process begins with an agent sign in as indicated at step **S10**. Here, the agent or potential customer connects to the Brotherhood Mutual web site using a standard web browser. This can be accomplished by connecting to the internet through the agent's internet service provider (ISP), by direct connection to the company's network, or other means provided by the company. When the connection to the insurance company's web site is accomplished, the insurance company's home page, shown in **Figure 2A**, is presented on the agent's or potential customer's workstation. The agent selects the option "For Agents" from the menu bar **200** to proceed. The potential customer selects the option "Customer Quote". For agents, this is followed by the display in **Figure 2B**, where the agent enters his Agent ID and password into the data boxes **210** in **Figure 2B**. Upon entering this information and selecting the login button **215**, the login information is transmitted from the workstation and received by the insurance company's server.

At step **S20**, authentication of the user takes place. The insurance company maintains a user directory on the home office computer. The user's ID and password are verified against this directory. If the user ID and password are valid, the welcome screen in **Figure 2C** is displayed on the user's workstation at step **S30** in **Figure 1**. The user is also identified as an agent or potential customer during the verification of the ID. The display in **Figure 2C** includes a list of menu options **220** available to the agent. Through the menu, the agent will select "Account Center" from the menu to work on an existing case or start a new case. This selection is made at step **S40**, whereupon the screen in **Figure 3A** is presented, which shows the agent's current account list. This includes a list of client accounts **310** for whom there is ongoing activity. At this point, the agent can work on an

existing account by selecting one of the accounts displayed or the agent can create a new account by selecting the "New Account" button from the tab line **300**.

If the agent selects an existing account from the account list **310**, the screen in **Figure 3B** is displayed. The agent can then edit the account information by selecting "Edit Account" from the tab line **320** or the agent can view or edit quote information by selecting an entry from the quote menu **330**, corresponding to step **S40** in **Figure 1**. A new account can also be started from this screen by selecting "New Account" from tab line **320**. When "New Account" is selected, from this screen or from **Figure 3A**, the screen of **Figure 3B** is presented with the account information fields blank. The agent first supplies account information for the new client after which he could proceed with generating a quote by selecting an entry from the quote menu **330**, again corresponding to step **S40** in **Figure 1**.

After selecting the quoting option at step **S40**, the agent is presented with the screens shown in **Figures 4A - 4L** which represent the various pages of a quote. **Figures 4I-4L** show the "Liability Details" associated with the "Liability" coverage category. **Figures 4I-4L** reflect the detail including special information that would be required if all the liability coverages are selected.

If the agent is working on a new account, or if no quote has been generated for an existing account, the data fields on the forms will be blank and available for input of new information. Otherwise, the existing quote information is displayed. The various pages are displayed in response to the agent's selection from the tab line **400** in **Figure 4A**. The tabs, Policy, Property, Locations, Liability, and Clergy, from tab line **400** represent the subcategories of information that when taken together form the basis for a quote and later an insurance policy.

Churches and other religiously affiliated institutions require specialized coverages to efficiently address the ministry-focused nature of these entities. Such coverages include, but are not limited to, the following: membership emotional injury, student emotional injury, clergy ordination/placement, sexual acts, counseling acts, religious communication, religious activity, discriminatory acts, Christian school and college coverages, Christian camp coverages, church transportation, foreign mission operations, as well as other ministry-specific coverages. In addition to these ministry-specific coverages, standard property, liability, automobile, and workers' compensation coverage are also provided.

When the agent selects "new quote", the agent must go to each page entering the appropriate information for that page. When the agent selects an existing quote to be used as a template, the agent goes to each page making appropriate changes. After the data entry is completed in the case of a new quote, or the necessary changes have been made to create a new quote from an existing entry, the agent can save the changes as a new quote as indicated at step S50 in **Figure 1**. The quote data is saved on the web server and a copy is also prepared for transmission to the insurance company's server performing the rating process. It should be kept in mind that the client workstations, web servers, and the insurance company's home office computers can be different platforms. For instance, in the present implementation of the invention, Lotus Notes operates on the web server accessed from the client workstations (Lotus Notes is a registered trademark of Lotus Development Corporation of Cambridge, Massachusetts), while an AS400 computer is used for data processing and storage at the insurance company office (AS400 is a registered trademark of IBM Corporation of Armonk, New York).

For potential customers who seek to obtain a quote through this process, information relating to the ministry (property and/or operations) is requested, after which steps **S60**, **S70**, and **S80** described below occur, and the policy premium is displayed.

Referring again to **Figure 1**, at step **S60**, the quote information is pre-processed prior to transmission to the insurance company's office system. This pre-processing can include reformatting appropriate fields, performing data translations, and any other adjustment required for storing the data on a particular platform. For instance, when the agent makes a selection by checking a box or answering "yes" or "no" to a question, this is often translated to a code letter or number that is used in the rate calculation process. When the pre-processing is completed, the quote information is saved on the insurance company computer as indicated at step **S70**. Both the web server copy and the office system copy of the data are available for use by other transactions so that data entry is minimized.

Upon collection of the quote information, the company's rate process can be invoked as indicated at step **S80** to calculate insurance rates. Rate processes are known in the art and are customizable for particular types of coverage. The rate process can develop proposed rates based on an accumulation of the data in the various sub-categories of the quote information. Once rates are developed, the insurance company files are updated with the rate information at step **S70**. It should be noted that step **S70** can be designed to perform multiple functions of storing new data records and updating existing data records.

Rate calculation is followed by step **S90** where the new rated quote can be displayed and printed. **Figures 5A -5E** depict the display of a rated quote. In one version of the invention, the form of **Figure 5A** is fixed in the upper portion of the display screen while the information of **Figures 5B-5E** can be scrolled in the lower portion of the display screen.

The displays of **Figures 5B-5E** show in detail all of the factors taken from the quote information that became factors in determining the quoted rate. The quoted rate represents an accumulation of these factors and includes such things as coverages selected, coverage limits, valuations, and risks. The command line **500** in **Figure 5A** presents the most commonly used options for the agent's selection for continuing the process. At this point, the agent can review the quote for accuracy and completeness. If any changes or corrections are needed, the agent could select the "Edit Quote" option which follows with step **S100**. Here, the quote forms of **Figures 4A-4H** are displayed again for input much the same as in step **S50** where corrections or additional data are entered in much the same manner as the original quote input information.

When the agent is satisfied with the quote information displayed at step **S90**, the agent has the option of initiating the creation of a formal proposal at step **S110**. The proposal is a specially prepared document for presentation to the client containing information about the agency, the insurance company, and a summary presentation of the rated quote. The proposal also can include references or links to information describing the insurance coverage listed in the proposal. The proposal is requested by returning to the account detail screen displayed in **Figure 3B**. The proposal can be requested at any time after the quote is rated. The proposal cover page is shown in **Figure 3C**. A complete proposal document is included as **Appendix A**. The agent will often proceed directly from finished quote to application creation, bypassing creation of the proposal.

A policy application is requested at step **S120** which corresponds to the selection of "Convert to App" from command line **500** in **Figure 5A**. The policy application is created from the quote information and certain items of supporting information including such

things as survey reports or photographs. Scanned images of such documents, or digital photographs, can be attached and transmitted to the insurance company office for inclusion in a policy information file. The user has the option of entering the additional policy supporting information at the time a quote is requested; however, due to the additional data entry, agents tend not to elect this option. Customers or potential customers, on the other hand, may elect this option.

When the supporting information is provided, the policy application is printed as indicated at step **S130**. **Figures 6A-13** provide an example of a typical draft policy application. Information is arranged by category as shown by the coverage category list **600** in **Figure 6A**. The draft application will also indicate whether there are any errors or missing data that need to be addressed before a policy is issued. **Figures 6A-6B** show "General Information" data.

Figure 6C displays any errors or missing data associated with this information category, "General Information", in this case. The error display, if any errors exist, is presented when the agent tries to move from one category to another. This feature is characteristic of all the coverage category displays. **Figure 6D** displays a page for "Mortgagees, Loss Payees, & Additional Insureds". The highlighted category label **620** includes the notation "New Entry" indicating that there has previously been no data entered for this category. Errors are displayed as indicated above with a display similar to that in **Figure 6C**. However, in situations where no data has been entered, a pop up window, **Figure 6E**, is presented indicating that any data entered will not be saved if required fields such as the name field, **630** in **Figure 6D** is not supplied. An example is shown in **Figure 6E**.

Figures 6F-6J are representative displays for the categories "Insurance History" and "Property Coverages".

In some cases a coverage category can expand into multiple sub categories. This is exemplified by the display for "Buildings & Coverages" shown in **Figures 7A-7G**. As indicated by list **700** in **Figure 7A**, this category has been expanded to include the sub-categories "Church" and "School". **Figures 7A-7D** are representative of the displays for the "Church" sub-category. **Figures 7E-7G** are representative of the displays for the "School" sub-category. Other religiously-affiliated sub-categories may also be displayed.

Figures 8A-8C depict displays for the "Inland Marine" category. Again this represents a category having no information previously entered as indicated by the "New Entry" notation in list **800**. Here also, a pop up window similar to that in **Figure 6E** will appear upon leaving this display without having entered required fields.

Figures 9A-11 are representative displays for the categories "Liability Coverages", "Clergy Coverages", and File Attachments".

Referring again to **Figure 6A**, tab line **605** contains the tabs "CMP Application", "Supplemental Forms", and "Actions". The displays depicted in **Figures 6A-11** are all grouped under the tab "CMP Applications". The "Supplemental Forms" tab allows additional information to be attached to the policy application. **Figure 12A** appears when this tab is selected. Again, list **1200** indicates the presence of sub-categories. **Figures 12A-12H** present examples of supplementary information relating to the "Church Profile" and "Liability Risk Survey" sub-categories. As in the previous examples, error screens as shown in **Figures 12C and 12H** appear if errors are present when the agent tries to leave these options. Although not shown, in a similar fashion, supplementary information can be added

for "School/Day Care Profile", "Property Risk Survey", and other ministry-related sub-categories.

The last tab, "Actions" displays a list **Figure 13** of the actions available to the agent.

While several of the screen displays have been represented by multiple figures, it should be kept in mind that on an actual monitor, these multiple pages are accessed by scrolling through the display rather than actually moving between pages.

Once a policy application has been produced for the agent, the quote from which it is derived can no longer be updated. The agent can, however, select the "Revert to Quote" option from the actions listed in **Figure 13** to change a quote at this stage. If this is done, the agent must submit the quote for rating before any further action can be taken. Once the application is completed and submitted, neither the quote nor the application may be changed.

The quote records are updated to indicate that a draft application has been created. This is reflected in the quote display of **Figure 3**. When a draft application has been requested, the "Application Status", **310** in **Figure 3**, is updated from "None", indicating that the draft application has not been created, to "Draft" indicating that a draft application has been created.

The process of this invention also provides certain monitoring and reporting capabilities for insurance office personnel. The ability to review existing quote activity and produce various management reports is provided at step **S140**. These functions support the ability of the home office to evaluate, oversee, and manage agent activity to improve profitability of the company. In particular, since all quoting activity takes place on the home office computers, better agency monitoring is provided. Step **S140** provides access to quote

and policy information needed by various groups such as raters to verify that rates are appropriate, appraisers who review valuations, underwriters for approval of coverage, customer service, and others. Management reporting may include such items as quote and policy activity by status, date, premium quoted, customer name, or agency, among others.

At step **150**, all prerequisites have been completed and the new insurance policy issues.

This invention also allows for an automated underwriting process in which a series of specific questions are asked in relation to a religiously-affiliated entity. If the responses fall within predetermined parameters, then the policy is rated and issued without human intervention.

Various back office enhancements are possible because of the web based quoting system of the present invention. These include decreased home office data entry, increased accuracy due to less redundant data entry, increased speed of delivery of information due to the elimination of mail service from the process, and increased efficiency. In particular, the ability to edit data during data collection improves the integrity of the quoting and underwriting processes. Management capability is also enhanced through the provision of improved reporting such as quote-to-issue ratio analysis.

While this invention has been described as having an exemplary design, the present invention may be further modified within the spirit and scope of this disclosure. This application is therefore intended to cover any variations, uses, or adaptations of the invention using its general principles. Further, this application is intended to cover such departures from the present disclosure as come within known or customary practice in the art to which this invention pertains.

WHAT IS CLAIMED IS:

1. A computer network system for generating insurance quotes, rates, and applications, including for ministry-specific coverages, for ministries and religious institutions upon input of information related to such ministries and religious institutions by a user, said computer network system comprising:

5 a user computer with a graphic user interface adapted to display an inquiry and receive input information from a user;

a server computer in network communication with said user computer, said server computer including memory and a plurality of instructions, a first portion of said plurality of instructions enabling said server computer to generate an initial inquiry and send
10 said initial inquiry to said user computer for interaction with the user, with said initial inquiry relating to specifics of a potential ministry or religious institution insurance policy, a second portion of said plurality of instructions enabling said server computer to receive said input information from said user and to generate an additional inquiry and send said additional inquiry to said user computer for interaction with the user, with said additional
15 inquiry being based at least in part on said input information, a third portion of said plurality of instructions enabling said server computer to receive further input information from said user computer and calculate at least one of a quote and a rate for a ministry or religious institution insurance policy, including ministry-specific coverages, based on said input information and said further input information, and a fourth portion of said plurality of
20 instructions enabling said server computer to issue a policy containing ministry-specific coverages and premium billing information based on said input information and said further input information.

2. In a computer, a method of generating ministry or religious institution insurance quotes and rates, including for ministry-specific coverages, upon input of ministry or religious institution related information by a user on a user computer connected to a server computer over a network, said method comprising the steps of:

5 generating an initial inquiry on the server computer and sending the initial inquiry to the user computer for interaction with a user, with the initial inquiry relating to specifics of a potential ministry or religious institution insurance policy that includes ministry-specific coverages;

10 displaying the initial inquiry on the user computer and receiving input information from the user;

receiving the input information from the user, generating an additional inquiry, and sending the additional inquiry to the user computer for interaction with the user, with the additional inquiry being based at least in part on the input information;

15 receiving further input information from the user computer in response to the additional inquiry and calculating at least one of a quote and a rate for a ministry or religious institution insurance policy containing ministry-specific coverages based on the input information and the further input information; and

issuing said policy containing ministry-specific coverages and related billing information based on said input information and said further input information.

20 3. A machine-readable program storage device for storing encoded instructions for a method of quoting, rating, and saving quote information for insurance transactions that

include ministry-specific coverages through a web based interface, said method comprising the steps of:

collecting quote related input information on a user computer and sending said quote
25 information to a server;

receiving and storing said quote information on said server;

invoking a rate calculator on said server and calculating rates based on said quote
information;

storing said calculated rates with said quote information on said server; and

30 displaying and printing a quote document on the user computer based on said quote
information and said calculated rates.

4. The method of claim 3 further comprising:

requesting a policy application on said user computer and sending said application
request to said server;

35 compiling policy application data based on said quote information and said
calculated rates; and

printing said policy application from said policy application data on said user
computer.

5. The method of claim 3 wherein said quote document is displayed and printed
40 on the server.

6. The method of claim 4 wherein said policy application is printed on said server.

7. The method of claim 4 wherein changes to said quote information are prohibited after said policy application is requested.

8. The method of claim 4 further including, prior to said requesting step, the step of creating a proposal, said proposal containing links to detailed coverage information.

9. The method of claim 3 further including, prior to said collecting step, the step of authenticating a user.

10. The method of claim 3 further including, after said invoking step, the step of storing said policy application data on said server.

11. The method of claim 10 further including the step of issuing said policy and billing information on said server.

12. The method of claim 11 wherein said policy and billing information is issued without human evaluation when said quote information is within a set of pre-determined parameters.

ABSTRACT OF THE DISCLOSURE

The present invention involves a ministry and religious institution insurance transaction system and method which allows for quoting, rate determination, policy creation and saving quote and policy application information through a web based interface linking a remote insurance agent or potential customer to an insurance company office. The business method of this invention provides for the sign on and authentication of a remote agent or potential customer who is then allowed to request, gather and submit information for quoting an insurance policy. A copy of the quote information is transferred to the insurance company office system where the quote information is supplemented with rate data. The completed quote is then available for display and editing. The rated quote can be used as a basis for generating a proposal referencing coverage descriptions for the client and as the basis for preparation of a policy application. Copies of the quote information are maintained on the web server and the insurance office computer and made available for other functions to minimize data entry and transmission. The invention further incorporates an optional automated underwriting process in which certain underwriting steps are undertaken electronically, and a ministry policy can be issued and the customer billed without the need for human intervention.



10/31/00
68420/60
09/702489
old S.U. PTO

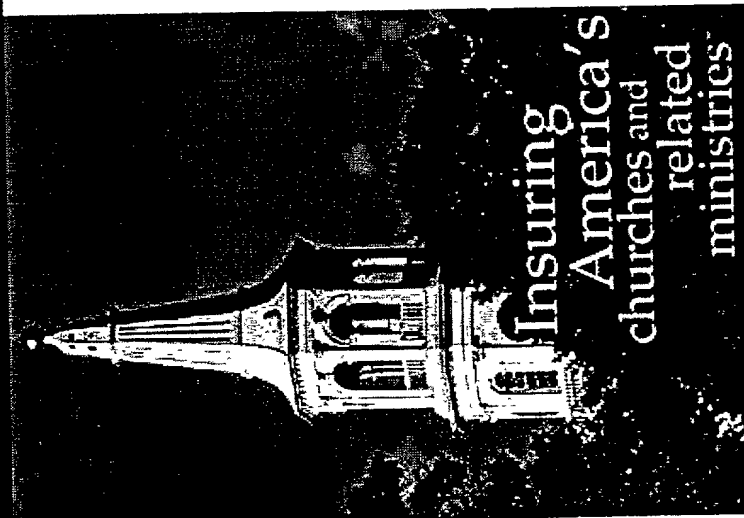
QUOTE " 68420/60



Brotherhood Mutual
Insurance Company

Insuring America's churches and related ministries

SITE MAP | CONTACT US | LINKS | FOR AGENTS



About Brotherhood Mutual

[Our History](#), [Our Mission](#), [Our Leadership Team](#), [Our Agents](#), [Our Financials](#)

Insurance Programs

[Church](#), [School or Day Care](#), [Camp or Retreat Center](#), [College or University](#), [District or Administrative Office](#), [Mission Agency](#), [Other Ministries](#), [Homeowners](#), [Family Auto](#)

Resources

[Protect Your Ministry](#), [Publications](#), [Article Archive](#), [Additional Resources](#)

Claims

[When a Loss Occurs](#), [Claims Stories](#), [Claims Testimonials](#)

MinistryFirstSM

[Property](#), [Liability](#), [Commercial Vehicle](#), [Workers' Compensation](#), [Excess/Umbrella Liability](#), [Blanket Accident & Sickness](#)

Passport to MinistrySM

[Program Highlights](#), [Program Details](#), [Claim Examples](#), [FAQs](#), [Travel Tips](#), [Premium Calculator](#), [Application](#)

SEARCH Our Site
Enter Keyword

GO

Brotherhood Mutual Insurance Company, 6400 Brotherhood Way, Fort Wayne, IN 46825 219-482-8668
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View [Legal Disclosures](#).
This site was last updated October 16, 2000

FIG 2 A

001202 63423260



Insuring America's churches and related ministries™

HOME | SITE MAP | CONTACT US | LINKS | FOR AGENTS

This secure portion of our Web site is for authorized and registered Brotherhood Mutual agents and employees. If you are not an authorized agent or employee, please click "Home" above to return to our home page.

Login Here

Enter your **personal** User Name and Password. Please do NOT share your password with others.

User Name

Password

215

← 210

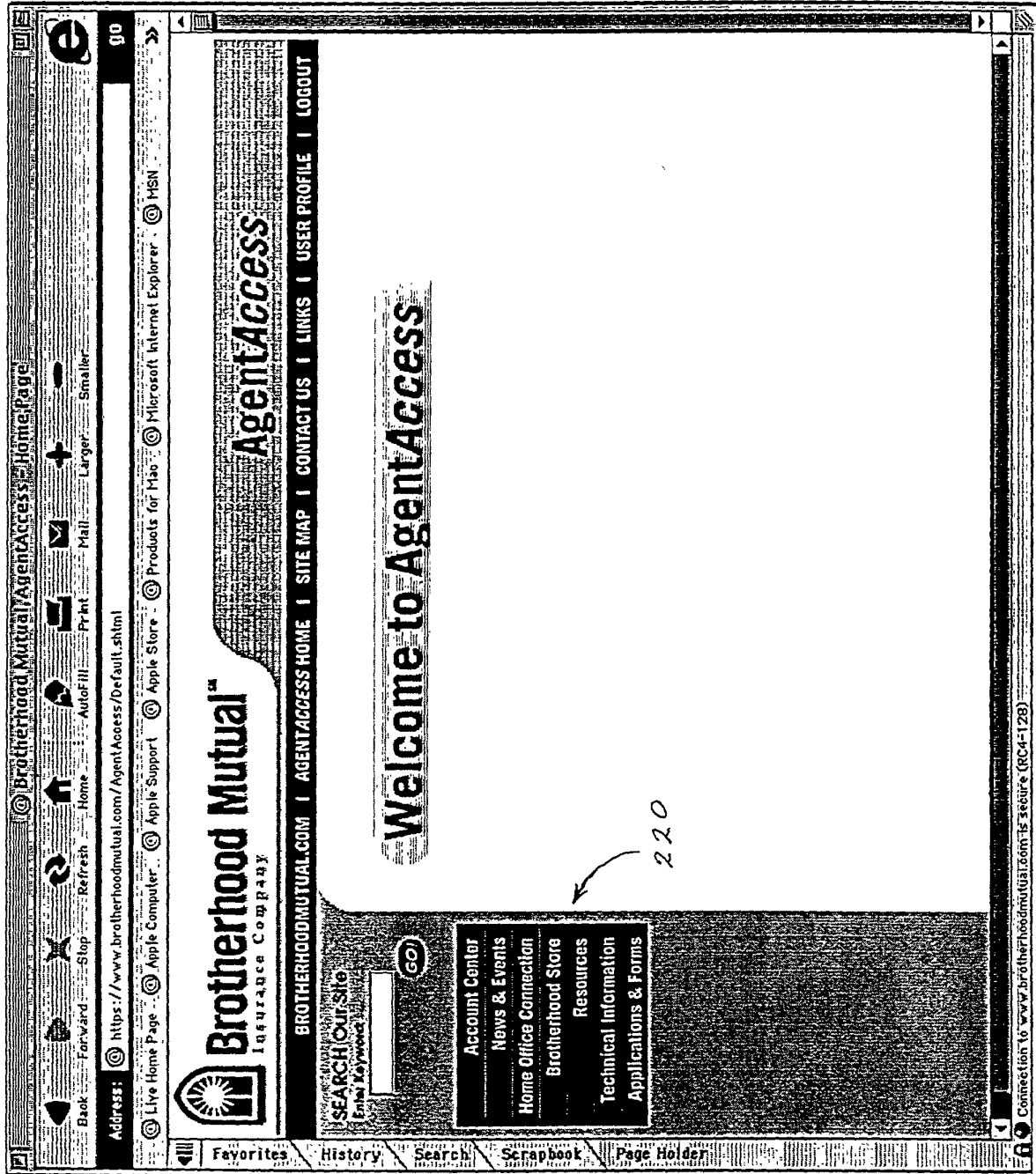
[Not Registered Yet?](#)

[Trouble Logging In?](#)

Important information about online account usage

Use of this site involves the electronic transmission of agency and account information. Using the features of the Brotherhood Mutual Web site constitutes consent to transmit this information; such consent is effective at all times when using this site. Brotherhood Mutual supports 40-bit [browser encryption](#). Using Brotherhood Mutual's online services constitutes full acceptance of Brotherhood Mutual's [System Access](#) and [Use License Agreement](#), and user will be subject to all of the terms, conditions, obligations and restrictions of this agreement.

Fig. 2 B



001001" 68420460

FIG. 3A

http://www.brotherhoodmutual.com/web/webacctinfo.nsf - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://www.brotherhoodmutual.com/web/webacctinfo.nsf

Start

Back

Forward

Stop

Home

Search

Internet

http://www.broth...

Brotherhood Mutual™

Insurance Company

AGENTACCESS HOME

SITE MAP

CONTACT US

LINKS

USER PROFILE

LOGOUT

Account Center

Don L Glick

Brotherhood Mutual In House

SEARCH:

VIEW BY NAME

VIEW BY DATE

NEW ACCOUNT

Insured Name

Last Accessed

City

State

bob jones

10/04/2000

fort wayne

IN

Church of the Coles

10/17/2000

Ft Wayne

IN

First Church of Carol

10/10/2000

Cedar City

MO

First Church of Christ

09/15/2000

Sunnybrooke

MI

First Church of God

10/03/2000

Columbia City

IN

First Leonhardt Church

10/09/2000

Fort Wayne

IN

First Presbyterian Church

10/16/2000

Hudsonville

MI

Leonhardt Baptist

10/05/2000

Fort Wayne

IN

Shepherd Baptist Church

10/18/2000

Shepherdsville

IN

Zion Lutheran Church

10/05/2000

San Francisco

CA

PREVIOUS

NEXT

Brotherhoodmutual.com | Agent Access Home | Site Map | Contact Us | Links | User Profile | Logout

All users of this site are bound by the System Access and Use License Agreement

Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

300

310

FILE 3B



MinistryFirstSM

Insuring America's Churches and Related Ministries

About Our Agency

09702489-103100
00T EOT 68420260

DATE: 6/20/2000



Brotherhood Mutual
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

CMP Quoting

Policy

Property

Locations

Liability

Clergy

testing don't click
testing don't click # 0010

400

* Required fields

Sub-Agency #: Agent Initials: ***

Agent Name: TESTING DON L ZZ GLICK

Quote Number: New Quote

Policy State: IN

Quote Type: Property & Liability

Territory: N/A

Policy Information

* Insured Name: TEST 1

Address: 123 MAIN STREET

City: FORT WAYNE

Zip Code: 46801

State: IN

Risk Type: Church

Quote Effective Date: 10/04/2000 (MM/DD/YYYY)

Comments:

RETURN TO TOP

Policy | Property | Locations | Liability | Clergy

FIG. 4A

007E01" 68420460



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

CMP Quoting

Policy Property Locations Utility Clergy

testing don I glick
testing don I glick # 0010

* Required fields

TEST 1

New Quote

Property Insurance Coverage

Property IRPM (%): 0 -

Deductible: 500

Glass Deductible (\$): 500

Coverage Format: Scheduled Values

Automatic Increase (%/year) - Buildings: 0 Personal Property: 0

Additional Property Coverage Requests

Theft of Building Materials Additional Limit (\$): 0

Bond Coverage (\$): 2,500

Theft of Money & Securities Additional Limit (\$):

Theft Deductible (\$): 100

Property Protector Endorsement: Yes with Limited Ordinance & Law? Yes

Water Damage Coverage: 2,500

Sewer & Drain Backup: Yes

(\$5,000 Limit is automatically included in Property Protector)

(\$2,000 Limit is automatically included in Property Protector)

FZG 4B

007EOT 68420260

Inland Marine

Musical Instruments Limit (\$):		Deductible (\$):	100
Office Equipment Limit (\$):	5000	Deductible (\$):	250
Computer Equipment Limit (\$):		Deductible (\$):	100
Computer Data and Media Limit (\$):		Deductible same as above	
Lawn Equipment Limit (\$):		Deductible (\$):	50
Neon Sign Limit (\$):		5% Deductible	
Photo Equipment Limit (\$):		Deductible (\$):	100

RETURN TO TOP

Policy | Property | Locations | Liability | Clergy
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

Fig. 4C

123 MAIN STREET

CHURCH

Add Building

Add Location

Policy

Property

Locations

Liability

Glory

Brotherhood Mutual Insurance Company

AgentAccess

SUBMIT

DELETE

HELP

AGENT VIEW

AGENTACCESS HOME

CMP Quoting

testing don l glick

testing don l glick # 0010

123 MAIN STREET

TEST 1

* Required fields

Location Information

* Address: 123 MAIN STREET

* Inside City Limits: Yes

Township/Fire District:

Subscribe to Fire District: N/A

* County: ALLEN

Feet To Hydrant: <= 1000

Miles To Fire Station: <= 5

Fire Territory: 1

EC Territory: 1

Special Load? Yes

ISO Protection Class: 8

Special Perils Territory: A

Defaults for Risks at this Location

Coinurance (%): 100

Loss Settlement: Replacement Cost

New Quote

DELETE LOCATION

FZG 4D

007E07"684E0260

Building Perils: Special

RETURN TO TOP

Policy | Property | Locations | Liability | Clergy
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

Fig. 4E

OFFICE 68420260



Brotherhood Mutual
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

CMP Quoting

testing don't click
testing don't click # 0010

Policy **Property** **Locations** **Liability** **Liability Details** **Claims**

* Required fields
TEST 1

General Liability

New Quote

Liability IRPM (%): 0 -

Liability Territory: 1

General Occurrence Limit (\$): 1,000,000

General Aggregate Multiplier: 3

Premises Medical Payments Limit (\$): 5,000 (per person)

Activities to Sq. Ft. Ratio: Average

* Size Category: High - 6 or more employees

of Full-time Employees: 5

of Part-time Employees: 3

FIG. 4F

QUOTE# 68420260

Liability Classifications

Select all classifications to rate:

- ☒ Church
- ☐ Church Building Including On-Premises Cemetery
- ☐ Church Office Building
- ☐ Playgrounds
- ☐ Mothers Day Out Rated As Day Nursery
- ☐ Miscellaneous Small Retail Stores
- ☐ Thrift Shop
- ☐ Food &/Or Clothing Pantry
- ☐ Mission Church
- ☐ Dwellings - One-Family - Lessors Risk
- ☐ Dwellings - Two-Family - Lessors Risk
- ☐ Apartment, Tenement, Boarding Or Rooming Houses
- ☐ Cemeteries Off Premises
- ☐ Non-Owned Parking Lot
- ☐ Vacant Land - Less Than 5 Acres
- ☐ Vacant Land - 5 Acres Or More
- ☐ Building Or Premises - Commercial Lessor's Risk
- ☐ Real Estate Development Property
- ☐ Lakes Or Ponds
- ☐ Construction Operations - Owner

Other Liability Coverages

Select any other coverages to rate:

- ☐ Parsonage - No Charge
- ☐ Fire Legal (Over \$100,000)
- ☐ Nonowned Property Damage
- ☒ Special Events Non-Reporting
- ☒ Nonowned/Rented Vehicle
- ☒ Sexual Misconduct
- ☒ Clergy/Lay Counseling
- ☐ Fee-Based Counseling
- ☒ Religious Communications/Activities
- ☒ Directors And Officers
- ☐ Employee Benefits
- ☐ Employment Practices
- ☒ Discrimination Coverage
- ☒ Defense Reimbursement
- ☒ Religious Operations Athletic Medical
- ☒ Wage Loss Reimbursement
- ☐ Nurse's Professional
- ☐ Pesticide Application
- ☐ Construction Supervision
- ☐ Incidental Broadcasting
- ☒ Clergy Death Benefit

Fig. 46

RETURN TO TOP

[Policy](#) | [Property](#) | [Locations](#) | [Liability](#) | [Liability Details](#) | [Clergy](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
All users of this site are bound by the [System Access and Use License Agreement](#).
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures](#).

DATE: 6/20/2000



Brotherhood Mutual
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

CMP Quoting

Policy

Property

Locations

Liability

Clergy

ADD CLERGY | DELETE CLERGY

testing don't click
testing don't click # 0010

* Required fields

TEST 1

New Clergy

New Quote

Clergy Information

Select Clergy Residence: CHURCH - Loc 1 Bldg 1

Property Coverage

Deductible (\$): 250

* Coverage Amount:

Sublimit for Jewelry, Fine Arts, etc:

Sublimit for Computers, Collectibles, etc:

Sublimit for Office Equipment, Sports, etc:

Sublimit for Bicycles, etc:

Liability Coverage

General Occurrence Limit: 300,000

Number of RV's:

RETURN TO TOP

Policy | Property | Locations | Liability | Clergy
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

Fig. 4/4

OFFICE: 68420260



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don I click
testing don I click # 0010

CMP Quoting

Policy | Property | Locations | Liability | Liability Details | Clergy

* Required fields

TEST 1

New Quote

Liability Classifications

Church	* Sq Ft: 25000
Church Building Including On-Premises Cemetery	* Sq Ft of Church:
Church Office Building	* Sq Ft:
Playgrounds	How Many? 1
Mothers Day Out Rated as Nursery	* Sq Ft: Medical Sublimit (\$): Same as Policy Med Sublimit Include Students? No # of Students:
Miscellaneous Small Retail Stores	* Sq Ft:
Thrift Shop	* Sq Ft:
Food &/Or Clothing Pantry	* Sq Ft:
Mission Church	* Sq Ft:

FIG. 4 I

001E01F" 684420260

Dwellings - One-Family - Lessors Risk	* How Many? 1
Dwellings - Two-Family - Lessors Risk	* How Many? 1
Apartment, Tenement, Boarding Or Rooming Houses	* Sq Ft:
Cemeteries Off Premises	* Acres:
Non-Owned Parking Lot	* Sq Ft:
Vacant Land - Less Than 5 Acres	* Linear Ft:
Vacant Land - 5 Acres Or More	* Linear Ft:
Building Or Premises - Commercial Lessor's Risk	* Sq Ft:
Real Estate Development Property	* Acres:
Lakes Or Ponds	* With Swimming 0 * Without Swimming 0 (Enter number of Lakes / Ponds in each category)
Construction Operations - Owner	* Total Cost (\$):

Other Liability Coverages

Parsonage - No Charge	(No Charge)
Fire Legal (over \$100,000)	* Liability (\$): 100000 (enter total liability amount)
Nonowned Property Damage (\$100,000 minimum)	* Liability (\$):
Special Events Non-Reporting	Exposure: Moderate
Nonowned/Rented Vehicle	Sublimit (\$): Same as Policy Occur Sublimit # of Days: 1 to 21 Include Rental Liability/Physical Damage? Yes

FZ6.4J

001001 63420260

Sexual Misconduct	Sublimit (\$): 300,000 <input type="text"/> Does applicant currently have a screening program in place? No <input type="text"/> Screening Credit (%): N/A <input type="text"/> Include Employment-related Sexual Harassment and Sexual Acts Liability (BGL-861)? N/A <input type="text"/>	
Clergy/Lay Counseling	Sublimit (\$): Same as Policy Occur Sublimit <input type="text"/> * # of Clergy: 3 <input type="text"/> * # of Trained Lay Counselors: 6 <input type="text"/>	
Fee-Based Counseling	Same as Policy Occur Sublimit <input type="text"/> * Coverage Type: - Select - <input type="text"/> Average Weekly Hours: 0 to 20 <input type="text"/> * # of Counselors: 0 <input type="text"/>	
Religious Communications/Activities	(Flat charge)	
Directors and Officers	Sublimit (\$): Same as Policy Occur Sublimit <input type="text"/> * Assets (Millions): - Select - <input type="text"/>	
Employee Benefits	(Flat charge)	
Employment Practices	Sublimit (\$): Same as Policy Occur Sublimit <input type="text"/> * Deductible (\$): - Select - <input type="text"/> 1. Does the applicant consult an attorney for employment practices liability issues? Yes <input type="text"/> 2. Does the applicant plan to terminate any officers, employees or positions within the next 24 months? No <input type="text"/> 3. In the past 5 years have any incidents occurred, claims been made or suits filed against the applicant involving alleged: discrimination, wrongful termination, breach of contract, or sexual harassment? No <input type="text"/>	
Discrimination Coverage	(Flat Charge)	
Defense Reimbursement	(Flat Charge)	

F 26. 4 K

001E01" 68420260

Religious Operations Athletic Medical	Sublimit (\$): Same as Policy Med Sublimit
Wage Loss Reimbursement	(Flat Charge)
Nurse's Professional	Sublimit (\$): Same as Policy Occur Sublimit
Pesticide Application	Sublimit (\$): 200,000
Construction Supervision	(Flat Charge)
Incidental Broadcasting	(Flat Charge)
Clergy Death Benefit	(Flat Charge)
RETURN TO TOP	

Policy | Property | Locations | Liability | Clergy
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

FIG. 44

DATE: 6/20/2000



AgentAccess

HELP | ACCOUNT VIEW | AGENTACCESS HOME

Rated CMP Quote

Liability IRPM (%): 0 -

Property IRPM (%): 0 -

PRINT | EDIT QUOTE | APPLY IRPM | CONVERT TO APP

testing don I click
testing don I click # 0010

500

FIG 5A

QUOTE# 58420260
Brotherhood Mutual Insurance Company
Ministry First Insurance Proposal

Quote #: 95304
Prepared for: TEST 2

Printed : 10/17/2000 10:11 a
Agency Number : 0010
Agent Name : 0 - TESTING DON L ZZ GLICK

456 SPRING STREET
FORT WAYNE, IN 46803

Brotherhood Mutual Ins.
3434 Kirkland Ave.
Fort Wayne, IN 46805
219-482-8668

Comments :
Risk Type : Church
Township/F.D. :
State : 13

County : ALLEN
3-Year Fixed : N

	Adj Premium	IRPM	Net Premium
(\$500 Deductible) Property :	1342	0	1342
Liability :	1037	0	1037
Totals :	2379		2379

Building/Personal Property Specifications

Auto Increase - Buildings: 4% per year
Coverage Format: Scheduled Values

Personal Property: 4% per year

FIG 5B

DOT# 68420260

Loc # : 1 - 456 SPRING STREET

Inside City Limits? : Y
 County : ALLEN
 Fire Territory : 1
 ISO Protection Class : 8
 Special Load? : Y
Building # : 1 - CHURCH
 Class Code : Church
 Construction(s) : *Frame Brick*
 Sprinkler? : Under 60%
 Largest Open Area : N/A
 Open Sided? : N
 Alarm Protection? : N
 Alarm Type? : N/A
 Earthquake Coverage? : N

Township/Fire District :
 Subscribe to Fire District? : N/A
 EC Territory : 1
 Special Perils Territory : A
 Coinsurance % : 100%

Total Sq. Ft. : < 15
 Year Built :
 Mine Subsidence? : N
 Superior Roof? : N

Fig. 5C

Loc/Bldg Coverage	Repl Cost?	Net Rate	Risk Amt	Net Premium
101 Bldg - Fire/Vandalism	Y	0.116	\$500,000	580
101 Bldg - EC	Y	0.059	\$500,000	295
101 Bldg - Spec Perils Incl Theft	Y	0.015	\$500,000	76
101 Bldg - Automatic Increase	Y	0.000	\$500,000	19
101 Pers Prop - Fire/Vandalism	Y	0.141	\$75,000	106
101 Pers Prop - EC	Y	0.059	\$75,000	44
101 Pers Prop - Spec Perils Incl Theft	Y	0.057	\$75,000	43
101 Pers Prop - Automatic Increase	Y	0.000	\$75,000	4

Policy Coverage Options

Coverage	Repl Cost?	Net Rate	Risk Amt	Net Premium
\$500 Deductible		0.000		-150
Fidelity Bond		0.000	\$2,500	0
Prop Protector+ & Ordinance And Law Endorsement - \$10000 Water Damage Limit		0.000		162
Coverage System Equipment Breakdown	500	0.000	\$575,000	163

007E07" 68420260

General Liability

Activities to Sq Ft Ratio : **Low**
 Size Category : **Low**

of Full-time employees **3**
 # of Part-time employees **1**

Limits of Liability

Each Occurrence : **1,000,000**
 Medical Payments (per person) : **5,000**
 General Aggregate : **3,000,000**

Liability Territory : **1**

Sq Ft : **12000**

Church:**Liability Classifications****Other Liability Coverages**

Special Events Non Reporting:
Nonowned/Rented Vehicle:

of Days : **1 to 21**

Sexual Misconduct:

Screening Program ? **N**

Clergy/Lay Counseling:

of Clergy : **2**

Religious Communications/Activities:

Directors & Officers:

Assets : **0 - 3M**

Discrimination Coverage:

Defense Reimbursement:

Religious Operations Athletic Medical:

Wage Loss Reimbursement:

Clergy Death Benefit:

Exposure : **Moderate**
 Sublimit : **Policy Limit**

Include Rental Liability/Physical Damage ? **Y**

Sublimit : **300,000**

Screening Credit : **0**

Sublimit : **Policy Limit**

of Lay Counselors :

Flat Charge

Sublimit : **Policy Limit**

Flat Charge

Flat Charge

Sublimit : **Policy Med Limit**

Flat Charge

Flat Charge

FIG. 5D

QUOTE# 66420260

Liability Details

Class	Coverage	Net Rate	Exposure Amt	Net Prem
Church	BI/PD	2.098	12,000	252
Church	BI/PD Operations	8.404		8
Church	Med Payments	0.960	12,000	115
Church	Med Operations	8.282		8
Church	Protect Plus	13.576		14
SPECIAL EVENT		50.019		50
N/O VEH LIAB		22.736	1	23
Rent VEH LIAB		31.830	1	32
Rent VEH PHYD		22.140	1	22
SX L&D NO SCR		175.000	1	175
PAST COUNSEL		19.394	2	39
RELIG COMM		12.929	1	13
D & O 0-3 MIL		109.133	1	109
DISCRIMINATION		14.222	1	14
DEFENSE COST		60.000	1	60
ATHLETIC LIAB		6.465		6
RELIG ATH MED		53.833	1	54
WAGE LOSS		7.380	1	7
CLERGY DEATH		36.000		36

-- End of Quote --

Fig. 5 E

00T80T" 68420460



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don I glick
testing don I glick # 0010

CMP Application

CMP Application

Supplemental Forms

Actions

General Information

► Mortgagees, Loss Payees, & Additional Insureds

► Insurance History

► Property Coverages

► Building & Coverages

► Inland Marine

► Schedules

► Liability Coverages

► Clergy Coverages

► File Attachments

* Required fields

TEST 3

* Sub-Agent #: 99

* Agent Name: TESTING DON L ZZ GLICK

Quote # 95305

Policy State: IN

Territory: N/A

Submission Status

● Issue New

Issue Replacement

Policy Effective Date: 10/04/2000

Quote #: 95305

CMP #:

(MM/DD/YYYY)

Account Information

* Denomination / Association Affiliation:

Partnership Group #:

Enroll in Group? Yes ☐

Include Headquarters as Additional Insured? Yes ☐

* Account Name: TEST 3

(Primary risk name only)

600

FIG. 6A

001601"68420260

* Mailing Address: 910 W. CHURCH

* City: FORT WAYNE

* Zip Code: 46805

* State: IN

Bill to: Insured

Billing name:

Billing Address:

City:

Zip Code:

State:

CMP Billing Mode: Annual

Legal status of Applicant: Corporation

* Year founded: (YYY)

Not-for-profit

Years at this location:

Risk Type: Church with Both

Comments:

RETURN TO TOP

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

FILE 6B

OFFER # 58420250



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESSHOME

CMP Application

CMP Application | Supplemental Forms | Actions

testing don I glick
testing don I glick # 0010

TEST 3 - Quote # 95305

Errors for General Information

You have omitted some important information on the General Information page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the General Information page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Denomination * Year Founded	

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View [Legal Disclosures](#).

FIG 6C

COPYRIGHT © 2000



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don't click
testing don't click # 0010

CMP Application

Supplemental Forms Actions

ADD ENTRY | DELETE ENTRY

* Required fields

Quote # 95305

TEST 3

- General Information
- Mortgagees, Loss Payees, & Additional Insureds
- New Entry

Mortgagees, Loss Payees, & Additional Insureds

Type: Mortgagee

- Insurance History
- Property Coverages
- Building & Coverages
- Inland Marine
- Schedules
- Liability Coverages
- Clergy Coverages
- File Attachments

* Name:

630

* Address:

* City:

* Zip Code:

* State:

Loan number:

Describe property under the lien or subject to additional insured coverage:

RETURN TO TOP

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

FZ 6 6 D

09702489-1031030

You did not enter an Insured name. This lienholder will not be saved. Click cancel to continue editing this document.

OK

Cancel

FIG. 6E

DATE: 6/8/20/60



Brotherhood Mutual
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don | glick
testing don | glick # 0010

CMP Application

CMP Application

Supplemental Forms

Actions

* Required fields

TEST 3

Quote # 95305

General Information

Mortgagees, Loss
Payees, & Additional
Insureds

Insurance History

Insurance History

Policy Term

(inception - expiration)

* Insurance Company

Policy Number

Property Coverages

Building & Coverages

Inland Marine

Schedules

Liability Coverages

Clergy Coverages

File Attachments

Current CMP premium (\$):

Premium quoted (\$): 6366

Premium desired from Brotherhood Mutual (\$): 6,366.00

Please list any other policy numbers with Brotherhood Mutual:

File 6F

Variable	Mean	SD	Min	Max
Age	34.5	10.2	21	55
Gender	0.5	0.5	0	1
Marital Status	0.7	0.5	0	1
Education	12.5	1.5	9	16
Income	1500	500	500	3000
Health Status	0.8	0.4	0	1
Exercise Frequency	2.5	1.5	0	5
Stress Level	3.5	1.5	1	5
Sleep Quality	4.0	1.0	2	5
Dietary Habits	3.0	1.0	1	5
Work-Life Balance	3.5	1.0	1	5
Family Support	4.5	1.0	2	5
Community Involvement	2.0	1.0	0	4
Personal Growth	3.0	1.0	1	4
Life Satisfaction	4.0	1.0	2	5
Overall Well-being	3.5	1.0	1	5

ON
▶



2



Loss History

* Within the last 5 years, please describe any loss paid by an insurance company, any loss pending that has not been paid, or any loss greater than \$1,000 that was not covered by insurance: ☐ None

Amount of Loss

not been paid, or any loss greater than \$1,000 that was not covered by insurance: ☐ None

Description of Loss		Date of Loss	Amount of Loss

ON



▶ **NO**

FZG. 66

QUOTE# 63420260

Fraud Statement

Brotherhood Mutual Insurance Company relies on the information provided in this application and supplemental coverage request forms to determine whether a proposal or policy will be issued and at what premium level. Any person who knowingly and with intent to defraud an insurance company, files an application for insurance containing any materially false information, or concealing any material information, will be subject to any and all applicable civil, criminal, and contractual penalties.

* Person interviewed:

Title:

* Date:


(MM/DD/YYYY)

RETURN TO TOP

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

FIG. CH

007EET" 68420260



Brotherhood MutualSM
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don I glick
testing don I glick # 0010

CMP Application

- CMP Application
- Supplemental Forms
- Actions

TEST 3 - Quote # 95305

Errors for Insurance History

You have omitted some important information on the Insurance History page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Insurance History page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Name of person interviewed * Date person interviewed	* At least one previous insurance company must be provided * Loss History must be provided - either indicate no losses by marking the None checkbox or provide details of loss

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
All users of this site are bound by the [System Access and Use License Agreement](#).
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures.](#)

FIG. 6I

DATE OF " 68420250



Brotherhood MutualSM
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don l glick
testing don l glick # 0010

CMP Application

CMP Application | **Supplemental Forms** | **Actions**

* Required fields

TEST 3

- ▶ General Information
- ▶ Mortgagees, Loss Payees, & Additional Insureds
- ▶ Insurance History
- Property Coverages
- ▶ Building & Coverages
- ▶ Inland Marine Schedules
- ▶ Liability Coverages
- ▶ Clergy Coverages
- ▶ File Attachments

Property Coverages

Did the insured reject Equipment Breakdown Coverage?

No ☐

Do any buildings contain objects (boilers) requiring state inspection?

No ☐

If yes, please indicate which buildings: ☐ CHURCH - Loc 1 Bldg 1
☐ SCHOOL - Loc 1 Bldg 2

Person to contact for inspection-

Contact name: _____

Title: _____

Phone number: _____

Quote # 95305

Inland Marine Coverages

RETURN TO TOP

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

FILE. 6 J

DOTDOT " 68420260



Brotherhood MutualSM
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don I glick
testing don I glick # 0010

CMP Application

CMP Application

Supplemental Forms

Actions

- ▶ General Information
- ▶ Mortgages, Loss Payees, & Additional Insureds
- ▶ Insurance History
- ▶ Property Coverages
- ▶ Building & Coverages
- ▶ CHURCH
- ▶ SCHOOL
- ▶ Inland Marine
- ▶ Schedules
- ▶ Liability Coverages
- ▶ Clergy Coverages
- ▶ File Attachments

* Required fields

TEST 3

Building Information

Occupancy: CHURCH - Loc 1 Bldg 1

Building Class: Church

Building

Contents

Limit (\$): 1,500,000.00

250,000.00

910 W. CHURCH

Address: 910 W. CHURCH

* City:

FORT WAYNE

* State: IN

* Zip Code:

46805

Interest in Building: Owner/occupant

If landlord, describe occupancy of tenant:

* Number of Fire Extinguishers:

Wood-burning Stove? No Wood Burning Stove Report

Security Alarm Systems

Fig. 7A

General Information		Demographics		Clinical History		Physical Examination		Laboratory Studies		Imaging Studies		Treatment		Outcome			
Item	Value	Item	Value	Item	Value	Item	Value	Item	Value	Item	Value	Item	Value	Item	Value		
Age	45	Sex	Male	Chief Complaint	Headache	Location	Right side	Duration	3 days	Severity	7/10	Associated Symptoms	Nausea	Yes	Frequency	3 times	
Weight	180 lb	Height	5'10"	Medical History	Hypertension	Medications	Lisinopril	Physical Exam	Normal	Laboratory Studies	Normal	Imaging Studies	Normal	Treatment	Acetaminophen	Outcome	Improved
BMI	27.5	BP	140/90	Family History	None	Allergies	None	Vitals	Stable	ECG	Normal	CT Scan	Normal	Medication	Acetaminophen	Follow-up	None
Smoking	None	Alcohol	Occasional	Social History	Stress	Review of Systems	None	Neurological	Normal	Bloodwork	Normal	MRI	Normal	Surgery	None	Discharge	Home
Exercise	Regular	Diet	Healthy	Occupation	Manager	Prognosis	Good	Cardiovascular	Normal	Urine	Normal	Angiogram	Normal	Rehab	None	Referral	None
Travel	Local	Hydration	Good	Education	High School	Compliance	High	Respiratory	Normal	Stool	Normal	Biopsy	None	Therapy	None	Consult	None
Insurance	Private	Compliance	High	Marital Status	Married	Adherence	High	Gastrointestinal	Normal	Sweat	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Primary Care	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral	Neurology	Adherence	High	Children	2	Education	High	Endocrine	Normal	Saliva	Normal	Genetic Test	None	Support	None	Referral	None
Referral																	

Extent of Protection:

- └ Protects all exterior openings
- └ Protects all ceilings - floors- and walls
- └ Interior sound / motion detectors or beams
- └ Protects only doors with contacts

*** Type of Protection:**

- ☐ Local (Loud sounding outside alarm)
- ☐ Central station alarm company (24 hours)
- ☐ Auxiliary to attended police station
- ☐ Watchman on duty afterwards

*** Response Time (Guard or Police):**

- Does not exceed 15 minutes (A)
Does not exceed 20 minutes (B)
Does not exceed 30 minutes (C)
N/A

N/A

Yes
No

Does central station alarm company have keys to insured's property?

Is there a maintenance contract for regular inspection and service of the alarm?

Frequency of service:

Fire Alarm Systems

Type of Alarm:

- Manual pull station
- Smoke
- Heat

*** Type of Protection:**

- Local (Outside alarm)
- Central station alarm (24 hours)
- Auxiliary to attended fire / police station
- Watchman on duty afterhours

Extent of property protected by fire alarm:

Does central station alarm company have keys to insured's property?

Is there a maintenance contract for regular inspection and service of the alarm?

Frequency of service:

☐ %
☐ No
☐ Yes

Fig. 7B

007607 " 63420250

Property Survey and Pictures

You may attach the property survey and/or pictures of this building here:

Files attached so far: None

Type in name of file to attach or use *browse button* for assistance.

If you need to attach more than one file, Click here after filling in the file name above for each file.

[RETURN TO TOP](#)

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
All users of this site are bound by the [System Access and Use License Agreement](#).
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures](#).

Fig 7C

QUOTE# 68420460



Brotherhood MutualSM
Insurance Company

AgentAccess

[SUBMIT](#) | [DELETE](#) | [HELP](#) | [AGENT VIEW](#) | [AGENT ACCESS HOME](#)

GMP Application

testing don't click
testing don't click # 0010

[GMP Application](#) | [Supplemental Forms](#) | [Actions](#)

TEST 3 - Quote # 95305

Errors for Building & Coverages

You have omitted some important information on the Building & Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Building & Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
<ul style="list-style-type: none"> * Number of Fire Extinguishers * Security Alarm Response Time * Security Alarm Type of Protection * Fire Alarm Type of Protection * Extent of property protected by fire alarm 	

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
 All users of this site are bound by the [System Access and Use License Agreement](#).
 Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures](#).

FIG. 7D

DATE: 6/24/2020



Brotherhood MutualSM
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don I click
testing don I click # 0010

CMP Application

CMP Application

Supplemental Features

Actions

* Required fields
TEST 3

Quote # 95305

General Information

Mortgagees, Loss
Payees, & Additional
Insureds

Insurance History

Property Coverages

Building & Coverages

910 W. CHURCH

CHURCH

SCHOOL

3452 N. WELLS

Inland Marine

Schedules

Liability Coverages

Clergy Coverages

File Attachments

Building Information

Occupancy: SCHOOL - Loc 1 Bldg 2

Building Class: Classroom

Building

Limit (\$): 750,000.00

Contents

225,000.00

Address: 910 W. CHURCH

* City: FORT WAYNE

* State: IN

* Zip Code: 46805

Interest in Building: Owner/occupant

If landlord, describe occupancy of tenant:

* Number of Fire Extinguishers:

Wood-burning Stove? No Wood Burning Stove Report

Property Survey and Pictures

Flg 7E

Property Survey and Pictures

You may attach the property survey and/or pictures of this building here:

Files attached so far: None

Type in name of file to attach or use browse button for assistance.


If you need to attach more than one file, Click here after filling in the file name above for each file.

RETURN TO TOP

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
All users of this site are bound by the [System Access and Use License Agreement](#).
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View [Legal Disclosures](#).

Fig 7F

00FE01" 68420260



Brotherhood MutualSM
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENT ACCESS HOME

CMP Application

CMP Application | Supplemental Forms | Actions

TEST 3 - Quote # 95305

Errors for Building & Coverages

You have omitted some important information on the Building & Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Building & Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Number of Fire Extinguishers	

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View [Legal Disclosures](#).

FIG. 76



Brotherhood Mutual
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENT ACCESS HOME

testing don I glick
testing don I glick # 0010

Fig. 8A

CMP Application

CMP Application

Supplemental Forms

Accidents

ADD SCHEDULE

	* Required fields
General	

TEST 3

Select New Schedule Type: **Scheduled Misc Property**

Mortgagees.
Loss

Losses
Payees, &
Additional

Additional
Insureds

Insurance

History

Property
Coverages

Building &

Coverages

- Inland
- Marine

Marine Schedules

■ **New Entry**

Liability Coverages

Clergy

Coverages

File
Attachments

Sub-T

0

Value \$

Sub-T

0

Value \$

Sub-T

0

Value \$

Sub-T

0

Value \$

300

DATE OF "GETTING"

FZ4 8B

	Value \$	0	Sub-T
6.			
	Value \$	0	Sub-T
7.			
	Value \$	0	Sub-T
8.			
	Value \$	0	Sub-T
9.			
	Value \$	0	Sub-T
10.			
	Value \$	0	Sub-T
11.			
	Value \$	0	Sub-T
12.			
	Value \$	0	Sub-T
13.			
	Value \$	0	Sub-T
14.			
	Value \$	0	Sub-T
15.			
	Value \$	0	Sub-T
16.			

Fig. 8C

001001" 68420250

17.	Value \$	0	Sub-T
18.	Value \$	0	Sub-T
19.	Value \$	0	Sub-T
20.	Value \$	0	Sub-T

Additional Comments:

RETURN TO TOI

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
All users of this site are bound by the [System Access and Use License Agreement](#).
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures](#).

DATE: 6/20/2000



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don I glick
testing don I glick # 0010

CMP Application

CMP Application Supplemental Forms Actions

Quote # 95305

* Required fields
TEST 3

- ▶ General Information
- ▶ Mortgagees, Loss Payees, & Additional Insureds
- ▶ Insurance History
- ▶ Property Coverages
- ▶ Building & Coverages
- ▶ Inland Marine Schedules
- Liability Coverages
- ▶ Clergy Coverages
- ▶ File Attachments

Liability Coverages
The following information is required to complete the liability coverages requested on the quote:

Directors and Officers	<input type="checkbox"/>
* How many board members are on the governing board? Does the board provide direct or indirect oversight to any other organizations or entities?	
	No <input type="button" value="v"/>

RETURN TO TOP

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
 All users of this site are bound by the [System Access and Use License Agreement](#).
 Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures](#).

FLG. 9A

DOT" 68420260



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don I glick
testing don I glick # 0010

CMP Application

CMP Application | Supplemental Forms | Actions

TEST 3 - Quote # 95305

Errors for Liability Coverages

You have omitted some important information on the Liability Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Liability Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Number of board members	

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures.](#)

FILE 9B



Brotherhood Mutual
Insurance Company

AgentAccess

AGENT ACCESS HOME | AGENT VIEW | HELP

CMP Application

testing don I glick
testing don I glick # 0010

CMP Application

Online Retail Forms

Action

Quote # 95305

*** Required fields**

TEST 3

Clergy Information

Payees, or Insureds

Insurance History

- Property Coverages

► Building & Coverages

► Inland Marine

Schedules

► Liability Coverages

- **Clergy Coverages**

1

File Attachments

Additional Interest

Type:

Additional Insured

Name:

Address:

City:

Zip Code:

State:

FZG. 10A

Loan number:

Describe property under the lien or subject to additional insured coverage:

RETURN TO TOP

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
All users of this site are bound by the [System Access and Use License Agreement](#).
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View [Legal Disclosures](#).

FIG. 10B

OFFICE 68420260



Brotherhood MutualSM
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don I glick
testing don I glick # 0010

CMP Application

CMP Application | Supplemental Forms | Actions

TEST 3 - Quote # 95305

Errors for Clergy Coverages

You have omitted some important information on the Clergy Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Clergy Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Clergy Name	* Indicate how the IM Schedule for Jewelry, Fine Arts, etc will be provided * Indicate how the IM Schedule for Office Equipment, Sports, etc will be provided

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View [Legal Disclosures](#).

FZG. 10C

DATE: 6/20/2000



Brotherhood Mutual
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don't click
testing don't click # 0010

CMP Application

CMP Application

Supplemental Forms

Actions

ADD ENTRY

* Required fields
TEST 3

Quote # 95305

File Attachments

Brief Description of files:

Type in name of file to attach or use browse button for assistance.

If you need to attach more than one file, Click here after filling in the file name above for each file.

Comments :

RETURN TO TOP

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
All users of this site are bound by the [System Access and Use License Agreement](#).
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View [Legal Disclosures](#).

Fig. 11

testing don I glick
testing don I glick # 0010



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENT ACCESS HOME

CMP Application

CMP Application

Supplemental Forms

Accidents

Church Profile **R**

Primary

Profile R

Property Risk Survey

Liability Risk Survey

*** Required fields**

TEST 3

1200

Church Profile (Primary Risk)

Average worship attendance this year:

Average worship attendance last year:

* Number of weekly worship services and regularly scheduled meetings and events:

Estimated current year budget:

Seating capacity of sanctuary / auditorium:

Ministry setting:

Average number of junior / senior high youth active in weekly programs:

Church Authority

Quote # 95305

FIG 12A

*** The church government is described as:**

*** Major decision-making authority rests with:**

*** Does the pastor have the authority to make large organizational or financial decisions without approval from any governing board?**

****Note, cannot bind if pastor has major decision making authority****

Additional Information:

RETURN TO TOP

[CMP Application](#) | [Supplemental Forms](#) | [Actions](#)
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
 All users of this site are bound by the [System Access and Use License Agreement](#).
 Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures.](#)

Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View Legal Disclosures.

FIG. 12B

COPYRIGHT " 63420260



Brotherhood Mutual
Insurance Company

AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

CMP Application

CMP Application | Supplemental Forms | Actions

testing don I glick
testing don I glick # 0010

TEST 3 - Quote # 95305

Errors for Church Profile

You have omitted some important information on the Church Profile page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Church Profile page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
<ul style="list-style-type: none">* Number of weekly worship services & events* Church government* Major decision-making authority* Pastor authority	

CMP Application | Supplemental Forms | Actions
[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)
All users of this site are bound by the [System Access and Use License Agreement](#).
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. [View Legal Disclosures](#).

FIG 12C

DATE OF " 68420260



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

testing don't click
testing don't click # 0010

CMP Application

CMP Application Supplemental Forms **Actions**

* Required fields

TEST 3

▶ Church Profile ☒

▶ School/Day Care Profile ☒

▶ Property Risk Survey ☒

■ Liability Risk Survey ☒

Quote # 95305

Liability Risk Survey

Does the applicant have a safety/risk management policy for their premises and activities?

No ☐

General condition of premises:

Are all the floor surfaces in good condition, free from tripping / slipping hazards?

Yes ☐

Are all the stairways in good condition and well lit?

Yes ☐

Are there solid handrails for all the steps and stairways?

Yes ☐

Is there a formal snow and ice removal plan for lots and walkways?

No ☐

Are all the buildings equipped with emergency lighting that activates during power loss?

Yes ☐

Are all the exit doors equipped with panic hardware and unlocked during occupancy?

Yes ☐

Current exposures on owned or leased premises:

(Check all that exist)

☐ None of the exposures below exist on premises

FILE 12D

007E07" 68420460

<input type="checkbox"/> Elevators/escalators/lifts	<input type="checkbox"/> Swimming Pools
<input type="checkbox"/> Baptistry	<input type="checkbox"/> Lake or Pond
<input type="checkbox"/> Playgrounds with equipment	<input type="checkbox"/> Diving boards
Type: <input type="text"/>	<input type="checkbox"/> Thrift shops
equip: <input type="text"/>	<input type="checkbox"/> Food banks
Ground cover: <input type="text"/>	<input type="checkbox"/> Certified life guards
<input type="checkbox"/> Outdoor athletic fields/courts	<input type="checkbox"/> Stadiums or bleachers
Type: <input type="text"/>	<input type="checkbox"/> Animals kept on premises
<input type="checkbox"/> Stadiums or bleachers	Type: <input type="text"/>
Capacity: <input type="text"/>	<input type="checkbox"/> Goods - services - food sold
<input type="checkbox"/> Indoor gymnasium	Describe: <input type="text"/>
<input type="checkbox"/> Fitness or exercise training	<input type="checkbox"/> Goods manufactured for sale
<input type="checkbox"/> Weight training equipment	Describe: <input type="text"/>
<input type="checkbox"/> Trampolines	<input type="checkbox"/> Radio / TV broadcasts
<input type="checkbox"/> Stages (2 ft. or higher)	Describe: <input type="text"/>
<input type="checkbox"/> Balconies or lofts	

Do outside groups use the premises on a recurring basis? No

List the groups:

Is written use of the premises agreement required? No

If yes, how will a copy be provided? N/A

* Is there any overnight sheltering permitted on any owned premises? - Select -

If yes, please describe:

Any there any parking lots on the owned premises? Yes

Describe the parking lot surface: Paved

Any parking lots separated from premises by a public roadway? No

Are all the parking lots well lit? No

File 12E

00T00T" 63420650

No

Please describe any other exposures on the owned premises:

Exposures from sponsored activities:

Hay rides: ☐ Last 3 yrs ☐ Next 3 yrs

Snow skiing trips: ☐ Last 3 yrs ☐ Next 3 yrs

Snowmobiling trips: ☐ Last 3 yrs ☐ Next 3 yrs

Water skiing trips: ☐ Last 3 yrs ☐ Next 3 yrs

Rafting / canoeing trips: ☐ Last 3 yrs ☐ Next 3 yrs

Rock climbing / rappelling trips: ☐ Last 3 yrs ☐ Next 3 yrs

Cycling trips: ☐ Last 3 yrs ☐ Next 3 yrs

Sponsored carnivals or circuses: ☐ Last 3 yrs ☐ Next 3 yrs

Sponsored road rallies: ☐ Last 3 yrs ☐ Next 3 yrs

ATV, go-cart, or dirt bike events: ☐ Last 3 yrs ☐ Next 3 yrs

Fireworks displays sponsored: ☐ Last 3 yrs ☐ Next 3 yrs

Admissions charged for public events: ☐ Last 3 yrs ☐ Next 3 yrs

Sports leagues sponsored by you: ☐ Last 3 yrs ☐ Next 3 yrs

List type:

Any other sports league participation? ☐ Last 3 yrs ☐ Next 3 yrs

List type:

Group trips at more than 50 miles distance: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)

Estimated number per year: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)

Foreign mission trips: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)

Estimated number of participants: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)

Weekend retreats: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)

Estimated number of retreats per year: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)

Estimated number of participants per year: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)

Overnight youth "lock-ins": ☐ Last 3 yrs ☐ Next 3 yrs

Camps owned or operated: ☐ Last 3 yrs ☐ Next 3 yrs

Fig. 12F


RETURN TO TOP 

FIG 12G

007E07" 58420260



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENT ACCESS HOME

CMP Application

CMP Application | Supplemental Forms | Actions

TEST 3 - Quote # 95305

Errors for Liability Risk Survey

You have omitted some important information on the Liability Risk Survey page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Liability Risk Survey page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
	* Indicate if overnight sheltering permitted

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
All users of this site are bound by the System Access and Use License Agreement.
Copyright © 2000 Brotherhood Mutual Insurance Company. All rights reserved. View [Legal Disclosures](#).

FIG. 12 H

QUOTE# 68420260



AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

CMP Application

testing don't click
testing don't click # 0010

CMP Application | Supplemental Forms

Actions

Action Menu

Print Forms

TEST 3

Quote # 95305

Application Status is Draft

- Submit Application - Edits application for completeness, then, if it passes the edits, submits the application to the home office for processing. Once the application is successfully submitted, it can no longer be edited on the Web.
- Edit Application - Edits application for completeness but does not submit the application to the home office. This is a useful function to perform prior to printing a copy of the application for review by the applicant.
- Revert To Quote - Return to the Web Quoting screens for this application. The quote will be in draft mode so you can make changes. After the quote is rated, you can return to the application from the Print Quote screen with no loss of application data.
- Delete Application - Deletes the application and the quote.

Fig. 13

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00, OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	BRM0002	
	First Named Inventor	Glick, Donald L.	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
	Group Art Unit		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MINISTRY SPECIALIZED INSURANCE TRANSACTION OBJECT ORIENTED SYSTEM AND METHOD.

the specification of which (Title of the Invention)

☒ is attached hereto
OR☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 358(b) of any foreign application(s) for patent or inventor's certificate, or 358(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(c) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☒PTO/SB/01(12-97)
Approved for use through 9/30/00, OMB 04-51-0032Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number OR ☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Kevin R. Erdman	33,687	Deborah R. Beck	37,370
Michael D. Beck	32,722	Rozell Williams, Jr.	44,403
Jeffrey A. Michael	37,394	Eric J. Groen	32,230

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address: below

Name	Kevin R. Erdman, Baker & Daniels				
Address	Suite 2700				
Address	300 N. Meridian Street				
City	Indianapolis,	State	IN	ZIP	46204
Country		Telephone	317-569-4621	Fax	-317-569-4800

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) Family Name or Surname

Donald L. Glick

Inventor's Signature *Donald L. Glick* Date 12/3/01

Residence: City Ft. Wayne State IN Country Citizenship US

Post Office Address 3434 Kirkland Avenue

Post Office Address

City Ft. Wayne State IN ZIP 46805 Country

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Daryl G.

Pannabecker

Inventor's
Signature10/30/00
Date

Residence: City

Leo,

State IN

Country

Citizenship US

Post Office Address

14723 Bobcat Ct.

Post Office Address

City

Leo,

State IN

ZIP 46765

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Tammy E.

Shepherd

Inventor's
Signature10/30/00
Date

Residence: City

Ft. Wayne,

State IN

Country

Citizenship US

Post Office Address

6534 Midfield Drive

Post Office Address

City

Ft. Wayne,

State IN

ZIP 46815

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Michael J.

Allison

Inventor's
Signature

Date 10-30-00

Residence: City

Ft. Wayne,

State IN

Country

Citizenship US

Post Office Address

2517 East Drive

Post Office Address

City

Ft. Wayne,

State IN

ZIP 46805

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

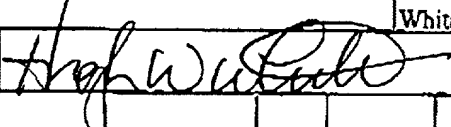
OCT 30 2000 10:30:00

Please type a plus sign (+) inside this box → ☐Approved for use through 8/30/00, OMB 05B1-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Hugh W.		White			
Inventor's Signature				Date	10/30/00
Residence: City	North Manchester,	State	IN	Country	Citizenship US
Post Office Address	310 North Mill Street				
Post Office Address					
City	North Manchester,	State	IN	ZIP	46962
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Citizenship
Post Office Address					
Post Office Address					
City		State		ZIP	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09702480 101100

